

COVER PAGE

MAR 24 2009

A Public Document

Please type or print in ink.

GOVERNOR'S OFFICE

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Carney	Anastasia	Rose	(916) 445-7097
MAILING ADDRESS (May use business address)		STATE	ZIP CODE
State Capital, First Floor Sacramento		CA	95814
STREET		OPTIONAL: FAX / E-MAIL ADDRESS	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Office of the Governor

Division, Board, District, if applicable:

Office of First Lady Maria Shriver

Your Position:

Director of Scheduling

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2008, through December 31, 2008.

-or-

☐ The period covered is ____/____/____, through December 31, 2008.

☐ Leaving Office Date Left: ____/____/____
(Check one)

☐ The period covered is January 1, 2008, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 2

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached
Income - Gifts

Schedule E ☒ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

March 20, 2009
(month, day, year)

Signature

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Anastasia R. Carney</u>

- Reminder – you must mark the gift or income box.
- You are not required to report "income" from government agencies.

▶ NAME OF SOURCE <u>California State Protocol Foundation</u>
ADDRESS <u>1215 K Street, Suite 1400</u>
CITY AND STATE <u>Sacramento, CA 95814</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): <u>8/11/08 - 8/15/08</u> AMT: <u>\$544.52</u> <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: <u>Staff First Lady's Panel & Border Governors' Conference - Travel Reimbursement</u>

▶ NAME OF SOURCE
ADDRESS
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): <u> </u> / <u> </u> / <u> </u> - <u> </u> / <u> </u> / <u> </u> AMT: \$ <u> </u> <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: <u> </u>

▶ NAME OF SOURCE <u>California State Protocol Foundation</u>
ADDRESS <u>1215 K Street, Suite 1400</u>
CITY AND STATE <u>Sacramento, CA 95814</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): <u>11/17/08 - 11/19/08</u> AMT: <u>\$340.08</u> <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: <u>Travel Reimbursement for staffing Governor's Climate Change Summit</u>

▶ NAME OF SOURCE
ADDRESS
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): <u> </u> / <u> </u> / <u> </u> - <u> </u> / <u> </u> / <u> </u> AMT: \$ <u> </u> <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: <u> </u>

Comments: